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PTO/SB/50 (4/98)
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Approved for use through 9/30/2000. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner of Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	10767-003001
	First Named Inventor	Michel Lesimple
	Original Patent Number	5,800,057
	Original Patent Issue Date	September 1, 1998
	Express Mail Label No.	EL445374750US

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original and a duplicate for fee processing)

2. ☒ Specification and Claims (amended, if appropriate)

3. ☒ Drawing(s) (Proposed amendments, if appropriate)

4. ☒ Reissue Oath / Declaration (original or copy)

5. Original U.S. Patent
☒ Offer to surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)

☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)

6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)

8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations

9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)

10. ☐ * Small Entity Statement(s) (PTO/SB/09-12) ☐ Statement filed in prior application, status still proper and desired

11. ☐ Preliminary Amendment

12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

13. ☒ Other: Request for Transfer of Original Drawings

* Note for items 1&10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL-ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), except if one filed in a prior application is relied upon (37 C.F.R. § 1.28)

14. CORRESPONDENCE ADDRESS

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Signature	<u>[Signature]</u>	Date	8/25 August 25, 2000

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REISSUE APPLICATION FEE TRANSMITTAL FORMDOCKET NUMBER (Optional)
10767-003001**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 50	30	x \$9 =	\$270	or	x \$ =
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 7	4	x \$39 =	\$156		x \$ =
Basic Fee (37 CFR 1.16(h))					\$345	OR	\$
Multiple Claim Fee					\$130		\$
Total Filing Fee					\$901		\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))		MINUS	**	*	x \$ =		or	x \$ =
Independent Claims (37 CFR 1.16(i))		MINUS	****	=	x \$ =			x \$ =
Total Additional Fee					\$	OR	\$	

If the entry in (D) is less than the entry in (C), write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space

*** After any cancellation of claims

**** If "A" is greater than 20, use (B-A); If "A" is 20 or less, use (B-20).

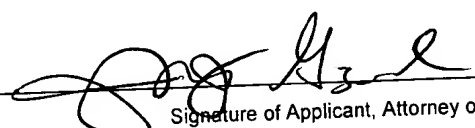
***** "Highest-Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (c).

☐ Please Charge Deposit Account No. _____ in the amount of _____
 A Duplicate Copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1050
 A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 901 to Cover the filing/additional fee is enclosed.
August 25, 2000

Date


 Signature of Applicant, Attorney or Agent of Record
John J. Gagel, Reg. No. 33,499

Typed or Printed Name

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